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SERIAL NUMBER 09/382,275	FILING OR 371(c) DATE 08/25/1999 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 20220-311
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/139,804 08/25/1998 ABN *AB*

** FOREIGN APPLICATIONS *****

None *AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/08/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>		
Verified and Acknowledged	<i>AB</i> <i>AB</i>		
Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MN	5	81	4

ADDRESS

37374

TITLE

IMPLANTABLE DEVICE FOR PROMOTING REPAIR OF A BODY LUMEN

FILING FEE RECEIVED 2066	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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